

*Max programs*

- Completed all recommended program(s) AND is currently working .....-2
- Completed some programs, is working and on waiting list for other recommended programs .....-1
- Enrolled in recommended program or no treatment recommended and is working.....0
- Medically discharged/excused or successfully completed all recommended programs.....0
- On waiting list for recommended program and work, due to lack of availability .....0
- Dropped out or failed to complete or was dismissed from program and/or work prior to completion.....2
- Unsuccessful (refused work and/or program participation) .....3

*0*

**RISK REASSESSMENT SCORE:** *13*

**RISK ASSESSMENT SCALE:**

<u>Community/Minimum</u>	<u>Minimum</u>	<u>Medium</u>	<u>Maximum</u>
-02 to 04	05 - 08	09 - 16	17 or more

**Preliminary Security Level** (Check scored security level)

\_\_\_ Community/Minimum    \_\_\_ Minimum    ☒ Medium    \_\_\_ Maximum

**OVERRIDES:**

Any one of the conditions listed below may serve as basis for an override, resulting in higher or lower security than indicated by the preliminary score. (Check all that apply and comment as deemed appropriate.)

- \_\_\_ Protective Custody or Need for separation from General Population: \_\_\_\_\_
- \_\_\_ Documented membership in security threat group \_\_\_\_\_
- \_\_\_ Pending institutional reports under investigation \_\_\_\_\_
- \_\_\_ Notorious/high profile case \_\_\_\_\_
- \_\_\_ Physical/Medical limitations that could affect housing placement \_\_\_\_\_
- \_\_\_ Time to Serve: \_\_\_\_\_
- \_\_\_ Pattern of assaultive/predatory behavior in institutions and/or the community \_\_\_\_\_

☒ Other, include Mandatory Policy Override (specify): *11/26/04 Assault*

**Recommended Security Level** (Check recommended security level.)

\_\_\_ Community/Minimum    \_\_\_ Minimum    \_\_\_ Medium    \_\_\_ Medium/MPO    ☒ Maximum

*[Signature]*  
Correctional Worker

*07/14/05*  
Date

Comments: \_\_\_\_\_

**Final Security Level** (Check appropriate security level)

\_\_\_ Community/Minimum    \_\_\_ Minimum    \_\_\_ Medium    \_\_\_ Continue Medium/MPO    \_\_\_ Maximum

*[Signature]*  
Classification Officer/Unit Supervisor (signature required for overrides; optional for other decisions)

*8/2/05*  
Date

**NOTE:** Classification Officer/Unit supervisor may change recommendation of classification worker, but must provide written justification.

Comments: \_\_\_\_\_

Housing Assignment: \_\_\_\_\_ Next Classification Date: \_\_\_\_\_  
(month and year)

\*Program Assignment(s): \_\_\_\_\_

\*Work Assignment: \_\_\_\_\_

\*Changes: \_\_\_\_\_

Routine Classification

Penance Review

Form # 908

Name: Hopkins, Shago SBI#: 253918  
 Risk Assessment Scale: Community/Minimum Minimum Medium Maximum  
-2 to 04 05 - 08 09 - 16 17 or more  
16

Override: ☒ Yes ☐ No If yes, briefly specify reason: 11/26/04: Assault, OTB

Mandatory Policy Override Removal Approved By Warden/Designee \_\_\_\_\_

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	<u>Max</u>	<u>Cont. Max</u>	<u>Appd</u>		
Housing	<u>SFU</u>				
Job					
Education					
Therapy	<u>Max programs</u>	<u>Cont. Max programs</u>			
Other					
Other					
Next Review Date		Month Year <u>07/05</u>	Month Year <u>8/05</u>	Month Year <u>1</u>	

MDT or ICB MEMBERS PRESENT		<u>LT. Porter, T. Zanda</u>		Vote: <u>2-0</u>	
MDT or ICB CHAIRPERSON		<u>LT. R. Patu</u>		Date: <u>04/22/05</u>	
MDT or ICB COMMENTS					
IBCC CHAIRPERSON		<u>[Signature]</u>		Date: <u>5/3/05</u>	
Override (include justification in comments)		Comments:		Vote: <u>3-0</u> Abstention:	
CICB CHAIRPERSON		Date:		Vote: Abstention:	
Override (include justification in comments)		Comments:			
IRCB CHAIRPERSON:		Date:		Approved: Disapproved:	
Override (include justification in comments)		Comments:			

D00326



DELAWARE DEPARTMENT OF CORRECTIONS  
RECLASSIFICATION FORM (WOMEN AND MEN)

FORM # 955 (3 pt.)

OFFENDER NAME: Hopkins, Shane SBI #: 253918 DOB: 10/05/73 DATE: 04/19/05  
 INST ITUTION: DDC Prior Classification Date: 01/07/05  
 CURRENT SECURITY: Community/Minimum Minimum Medium X Maximum  
 SENTENCE LENGTH: 161-1-1 EFF. DATE: 03/07/95 STRD: 07/24/09 PED: 1-1-1 TIS: X NON-TIS:   

## RISK REASSESSMENT

SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED Current Offense (include other State, if applicable) Burglary 2nd  
 Low Severity ..... 0  
 Moderate Severity ..... 2  
 High Severity ..... 4  
 Highest Severity ..... 6 2

OTHER OFFENSES/BAIL STATUS Other Offenses(s)/Bail Amount: NJ Detainer  
 None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 ..... 0  
 Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999 ..... 2  
 Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more ..... 4 2

ESCAPE/FAILURE TO APPEAR (FTA) HISTORY Escape History: None  
 (date and type/class)  
 None or one or more incidents of FTA (capias issued) or military AWOL ..... 0  
 Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center within the past 3 years ..... 2  
 Attempted escape from a secure correctional institution within the past five years or escape from a secure facility ten + years ago ..... 3  
 Escape from a secure correctional institution within the past ten years ..... 5 0

CURRENT AGE Current Age: 31  
 Age 39+ ..... 0  
 Age 23 years or less ..... 1  
 Age 28-38 ..... 2  
 Age 24 - 27 ..... 3 2

SEVERITY OF CRIMINAL HISTORY IN THE LAST 5 YEARS Most Serious Prior Conviction (include Level I-IV, other States): None  
 No prior conviction ..... 0  
 Low Severity conviction ..... 0  
 Moderate Severity conviction ..... 2  
 High Severity conviction ..... 3  
 Highest Severity conviction ..... 4 0

NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT (since initial or last regular reclassification) 3  
 None ..... 0  
 1 Disciplinary Finding of Guilt ..... 2  
 2 - 3 Disciplinary Findings of Guilt ..... 3  
 4+ Disciplinary Findings of Guilt ..... 5 3  
 Actual Number of Class I Disciplinary Findings:   

INSTITUTIONAL MISCONDUCT HISTORY (Consider institutional reports during last 5 years.)  
 First incarceration or no prior Major/Class I Institutional Reports ..... 0  
 Major/Class I - Non Predatory Institutional Misconduct Report ≥ 37 months ..... 1  
 Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months  
 or Predatory/Assaultive ≥ 37mths ..... 3  
 Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months ..... 5  
 Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months ..... 7 7  
 Most Serious Institutional Misconduct Report: Assault, DTB  
 Date of Most Serious Misconduct Report: 11/26/04

D00327



## DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit SHU  
 VIA: Counselor Zenda  
 FROM: I.B.C.C.  
 DATE: 5/2/05  
 RE: Classification Results

Your M.D.T. has recommended you for the following: Cont MAX

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☐ Not Recommend \_\_\_\_\_

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input checked="" type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Rev 8/05

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

Copy to: Classification  
 Inmate  
 Institution File

Form #456 (3 Part NCR)  
 Revised 11/97

D00329



## DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit 22  
 VIA: Counselor Atellian  
 FROM: I.B.C.C.  
 DATE: 11/7/05  
 RE: Classification Results

Your M.D.T. has recommended you for the following: MAX/SNU

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☐ Not Recommend \_\_\_\_\_

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Rev 3/05  
Pending outcome of investigation for 11/20/04 incident

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

Copy to: Classification  
 Inmate  
 Institution File

Form #456 (3 Part NCR)  
 Revised 11/97

000330

Routine Classification

Maintenance Review

Name: Hopkins, ShaneSBI#: 253918 Form # 908

Risk Assessment Scale: Community/Minimum Minimum Medium Maximum  
 -2 to 04 05 - 08 09 - 16 17 or more

Override: ☒ Yes ☐ No If yes, briefly specify reason:

<sup>13</sup>  
 11/26/04 - Pending write-up  
 for Assault & Disorderly or threatening

Mandatory Policy Override Removal Approved By Warden/Designee

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Med/High	Max	appeal		
Housing	22				
Job					
Education					
Therapy		SHA			
Other		Programs			
Other					
Next Review Date		Month Year /	Month Year 3 105	Month Year /	

MDT or ICB MEMBERS  
PRESENT

J. Jackson, R. Putter

Vote: 2-0  
Abstention:

MDT or ICB CHAIRPERSON

Lt R. Putter

Date: 12-11-04

MDT or ICB COMMENTS

An override to Max is recommended  
 based on pending write-up from 11/26/04 for Assault  
 and Disorderly or threatening.

IBCC CHAIRPERSON

Date: 11/7/05

Vote: 3-0  
Abstention:

Override (include justification in comments) Comments:

Pending investigation 11/26/04

CICB CHAIRPERSON

Date:

Vote:  
Abstention:

Override (include justification in comments) Comments:

IRCB CHAIRPERSON:

Date:

Approved:  
Disapproved:

Override (include justification in comments) Comments:

D00331



DELAWARE DEPARTMENT OF CORRECTIONS  
RECLASSIFICATION FORM (WOMEN AND MEN)

FORM # 955 (3 pt. )

OFFENDER NAME: Hopkins, Shano SBI #: 253918 DOB: 10/25/72 DATE: 10/26/04  
 LAST FIRST MIDDLE INITIAL  
 INSTITUTION: DCC Prior Classification Date: 07/08/03  
 CURRENT SECURITY: Community/Minimum Minimum Medium Maximum  
 SENTENCE LENGTH: 16/0000 EFF. DATE: 13/07/95 STRD: 07/29/09 PED: 1 1 TIS: ✓ NON-TIS:    

## RISK REASSESSMENT

SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED Current Offense (include other State, if applicable) Burglary 2<sup>nd</sup>  
 Low Severity ..... 0  
 Moderate Severity ..... 2  
 High Severity ..... 4 2  
 Highest Severity ..... 6

OTHER OFFENSES/BAIL STATUS Other Offenses(s)/Bail Amount: NY Detainer / PA Detainer  
 None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 ..... 0  
 Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999 ..... 2 2  
 Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more ..... 4

## ESCAPE/FAILURE TO APPEAR (FTA) HISTORY

Escape History: \_\_\_\_\_

(date and type/class)

None or one or more incidents of FTA (capias issued) or military AWOL ..... 0  
 Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center within the past 3 years ..... 2  
 Attempted escape from a secure correctional institution within the past five years or escape from a secure facility ten + years ago ..... 3  
 Escape from a secure correctional institution within the past ten years ..... 5 0

## CURRENT AGE

Current Age: 30

Age 39+ ..... 0  
 Age 23 years or less ..... 1  
 Age 28-38 ..... 2 2  
 Age 24 - 27 ..... 3

## SEVERITY OF CRIMINAL HISTORY IN THE LAST 5 YEARS

Most Serious Prior Conviction (include Level I-IV, other States): 190 - Burglary 2<sup>nd</sup>

No prior conviction ..... 0  
 Low Severity conviction ..... 0  
 Moderate Severity conviction ..... 2  
 High Severity conviction ..... 3  
 Highest Severity conviction ..... 4 0

## NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT (since initial or last regular reclassification)

None ..... 0  
 1 Disciplinary Finding of Guilt ..... 2  
 2 - 3 Disciplinary Findings of Guilt ..... 3  
 4+ Disciplinary Findings of Guilt ..... 5 0

Actual Number of Class I Disciplinary Findings: 11/26/04 - Assault, Disorderly or Threatening

## INSTITUTIONAL MISCONDUCT HISTORY (Consider institutional reports during last 5 years)

First incarceration or no prior Major/Class I Institutional Reports ..... 0  
 Major/Class I - Non Predatory Institutional Misconduct Report ≥ 37months ..... 1  
 Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months or Predatory/Assaultive ≥ 37mths ..... 3  
 Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months ..... 5 5  
 Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months ..... 9

Most Serious Institutional Misconduct Report: Assault &Date of Most Serious Misconduct Report: 6/28/02 Disorderly or Threatening

D00332



## PERFORMANCE IN TREATMENT PROGRAMS/WORK ASSIGNMENTS

Program Status:

Enrolled

Completed all recommended program(s) AND is currently working ..... -2  
 Completed some programs, is working and on waiting list for other recommended programs ..... -1  
 Enrolled in recommended program or no treatment recommended and is working ..... 0  
 Medically discharged/excused or successfully completed all recommended programs ..... 0  
 On waiting list for recommended program and work, due to lack of availability ..... 0  
 Dropped out or failed to complete or was dismissed from program and/or work prior to completion ..... 2  
 Unsuccessful (refused work and/or program participation) ..... 3

RISK REASSESSMENT SCORE: 13

RISK ASSESSMENT SCALE:      Community/Minimum      Minimum      Medium      Maximum  
    -02 to 04      05 - 08      09 - 16      17 or more

Preliminary Security Level (Check scored security level)

\_\_\_ Community/Minimum      \_\_\_ Minimum      X Medium      \_\_\_ Maximum

## OVERRIDES:

Any one of the conditions listed below may serve as basis for an override, resulting in higher or lower security than indicated by the preliminary score. (Check all that apply and comment as deemed appropriate.)

\_\_\_ Protective Custody or Need for separation from General Population: \_\_\_\_\_

X Documented membership in security threat group \_\_\_\_\_

\_\_\_ Pending institutional reports under investigation 11/26/04 - Assault, Disorderly or Threats

\_\_\_ Notorious/high profile case \_\_\_\_\_

\_\_\_ Physical/Medical limitations that could affect housing placement \_\_\_\_\_

\_\_\_ Time to Serve: \_\_\_\_\_

\_\_\_ Pattern of assaultive/predatory behavior in institutions and/or the community \_\_\_\_\_

\_\_\_ Other, include Mandatory Policy Override (specify): \_\_\_\_\_

Recommended Security Level (Check recommended security level.)

\_\_\_ Community/Minimum      \_\_\_ Minimum      \_\_\_ Medium      \_\_\_ Medium/MPO      X Maximum  
Cindy A. Stalla      12/10/04  
 Correctional Worker      Date

Comments: \_\_\_\_\_

Final Security Level (Check appropriate security level)

\_\_\_ Community/Minimum      \_\_\_ Minimum      \_\_\_ Medium      \_\_\_ Continue Medium - MPO      \_\_\_ Maximum

Classification Officer/Unit Supervisor (signature required for overrides; optional for other decisions)

Date

NOTE: Classification Officer/Unit supervisor may change recommendation of classification worker, but must provide written justification.

Comments: \_\_\_\_\_

Housing Assignment: \_\_\_\_\_ Next Classification Date: \_\_\_\_\_

(month and year)

\*Program Assignment(s): \_\_\_\_\_

\*Work Assignment: \_\_\_\_\_

\*Changes: \_\_\_\_\_

## DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Hopkins, Shane, SBI# 253918, Housing Unit 23  
 VIA: Counselor Arnold  
 FROM: I.B.C.C.  
 DATE: 5/11/04  
 RE: Classification Results

Your M.D.T. has recommended you for the following:

MHU Kitchen

90 days Probation

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☐ Not Recommend \_\_\_\_\_

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: 8/04

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

Copy to: Classification  
 Inmate  
 Institution File

Form #456 (3 Part NCR)  
 Revised 11/97

D00334